Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

London Service Area Office
291 King Street, 4th Floor
LONDON, ON, N6B-1R8
Telephone: (519) 675-7680
Facsimile: (519) 675-7685

Bureau régional de services de London
291, rue King, 4iém étage
LONDON, ON, N6B-1R8
Téléphone: (519) 675-7680
Télécopieur: (519) 675-7685

Public Copy/Copie du public

Report Date(s) / Date(s) du Rapport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Aug 16, 2013	2013_228172_0022	L-000551-13	Complaint

Licensee/Titulaire de permis

TRI-COUNTY MENNONITE HOMES
200 Boullee St., New Hamburg, ON, N3A-2K4

Long-Term Care Home/Foyer de soins de longue durée

GREENWOOD COURT
90 GREENWOOD DRIVE, STRATFORD, ON, N5A-7W5

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

JOAN WOODLEY (172)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): July 26, 2013

During the course of the inspection, the inspector(s) spoke with the Executive Director, the Director of Care, and 2 staff members

During the course of the inspection, the inspector(s) made observations, reviewed flow sheets, shift routines, bath list, Performance Indicators related to infection control, and timesheets/ schedules

The following Inspection Protocols were used during this inspection:
Dignity, Choice and Privacy

Personal Support Services

Sufficient Staffing

Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 41. Every licensee of a long-term care home shall ensure that each resident of the home has his or her desired bedtime and rest routines supported and individualized to promote comfort, rest and sleep. O. Reg. 79/10, s. 41.

Findings/Faits saillants :

1. The Licensee has failed to ensure the resident's desired bedtime and rest routine is supported and individualized to promote comfort, rest and sleep.

Review of the 11-7 routine dated January 2012, revealed:
Provide AM care for assigned residents after 0500.

The resident assignment indicated that a resident does like to be up early.
The night staff have a resident assignment identifying who they are responsible for to get up, as well, there is a note " to do other residents when one is scheduled for a bath", indicating another resident is picked to be gotten up after 0500 if one of the assigned residents is for a bath.

Staff Interview with Director of Care revealed this is not the home's expectation. [s. 41.]

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 231. Resident records
Every licensee of a long-term care home shall ensure that,
(a) a written record is created and maintained for each resident of the home; and
(b) the resident's written record is kept up to date at all times. O. Reg. 79/10, s. 231.

Findings/Faits saillants :

1. The Licensee has failed to ensure the resident's written record is kept up to date at all times.

Review of flow sheets for 7 residents, randomly picked, revealed multiple omissions related to the documentation of baths and no coding of refusals were found.

The omissions in documentation of baths were confirmed by the Director of Care [s. 231. (b)]

Issued on this 22nd day of August, 2013

Signature of Inspector(s)/Signature de l’inspecteur ou des inspecteurs